

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90235 010 \*\*\*\*70.00

**DOCUMENT # N01000002165**

1. Entity Name

**CONCERNED CITIZENS OF EAST STUART/MARTIN COUNTY, INC.**



Principal Place of Business

**2207 SOUTH KANNER HWY  
STUART FL 34994**

Mailing Address

**2207 SOUTH KANNER HWY  
STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **03-0403785**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WALKER, DAVID~~

~~2207 SOUTH KANNER HWY  
STUART FL 34994~~

Name

**JOHNNIE BELL**

Street Address (P.O. Box Number is Not Acceptable)

**914 SE HALL STREET / P.O. BOX 881**

**STUART, FL**

City

**STUART**

**FL**

Zip Code

**34994**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Johnnie Bell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/003**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **BELL, JOHNNIE**  
STREET ADDRESS **914 SE HALL STREET**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DAVIS, LARRY**  
STREET ADDRESS **2165 SE WAYNE RD UNIT D**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☒ Change ☐ Addition  
NAME **DAVIS, LARRY**  
STREET ADDRESS **P.O. Box 1454**  
CITY-ST-ZIP **Stuart, FL 34995**

TITLE **D** ☐ Delete  
NAME **BLATCH, XAVIER**  
STREET ADDRESS **906 E MADISON AVE**  
CITY-ST-ZIP **STUART FL 34996**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FRANCES, CURTIS**  
STREET ADDRESS **907 E 10TH STREET**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CHRISTIE, JAMES**  
STREET ADDRESS **915 HALL STREET**  
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**4/23/003**

**772-287-0408**

CR2E037 (10/02)